

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 1/15/02

2 Serial/Patent # 09/527,162

| 3 Please refund the following fee(s): |                                   | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT  |
|---------------------------------------|-----------------------------------|----------------|--------------|-----------|
|                                       | Filing                            |                |              | \$        |
|                                       | Amendment                         |                |              | \$        |
| X                                     | Extension of Time                 | 6              | 1/9/02       | \$ 400.00 |
|                                       | Notice of Appeal/Appeal           |                |              | \$        |
|                                       | Petition                          |                |              | \$        |
|                                       | Issue                             |                |              | \$        |
|                                       | Cert of Correction/Terminal Disc. |                |              | \$        |
|                                       | Maintenance                       |                |              | \$        |
|                                       | Assignment                        |                |              | \$        |
|                                       | Other                             |                |              | \$        |

7 TOTAL AMOUNT OF REFUND \$400.00

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #: 23--0035

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

*outside the response statutory period*

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Wes Laymon

TITLE: Analyst

SIGNATURE: Wes Laymon

PHONE: \_\_\_\_\_

OFFICE: \*\*\*\*\*

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: Alicia Kelley DATE: 1-16-02

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B